

Date: _____

Aid Program/Category: _____

Case ID Number: _____

Co. Case Number: _____

Dear _____:

Since you moved to _____ County and plan to remain there on a permanent basis, we will end your assistance in this county on _____.

Take this letter to _____ County to discuss your new situation and also to choose a Carolina Access provider for you and your family. That county office is located at _____
_____. The telephone number is _____.

A worker there will re-determine your continuing eligibility. If you remain eligible, _____ County will continue your assistance.

Sincerely,

Income Maintenance Caseworker

Director

Original: Recipient

CC: _____ County
Eligibility Record

MAF-C Job Bonus _____ to _____
MAF-C 12 Month Extended _____ to _____
MAF-C 1 Month (WFFA transfer) _____ to _____
MIC Continuous Eligibility _____ to _____
AAF pymt type 4 (4 mo. transitional) _____ to _____
AAF pymt type 5 (12 mo. transitional) _____ to _____
NCHC _____ to _____
Automatic Newborn _____ to _____